

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

| | | | | | |
|---|--|--|--|--------------------------------|--|
| DHR | | 1. GEORGIA DEPARTMENT OF HUMAN RESOURCES | | ARCHIVES AND HISTORY | |
| Application Date February 15, 1984 | | Division of Rehabilitation Services Disability Adjudication Section 200 Swanton Way - Suite 300 Decatur, Georgia 30089 | | Application Number 82-379-A | |
| Application Number DHR 84-3 | | | | Date Received FEB 17 1984 | |
| | | | | Date Completed APR 6 1984 | |
| 2. Person to Contact Joy Watkins | | Working Title Fiscal Analyst | | Telephone Number 371-5100 | |
| 3. Action Requested | | | | | |
| a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. | | - item 7 - change form | | | |
| b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. | | - item 12 - reduce retention time for forms at Adjudication Section | | | |
| c. <input checked="" type="checkbox"/> Amend Application No. 82-379 | | Check One: <input checked="" type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void | | | |
| 4. Dates of Series | | 5. Records Series Title (followed by title used in office; if different) | | | |
| Earliest 1980 | | Rehabilitation Services | | | |
| Latest Present | | Disability Adjudication Client Case Files | | | |
| 6. Division and Office Function | | What is the function of the Division and the Office in which this record series is created? | | | |
| | | See previous application | | | |
| 7. Records Series Description | | This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. | | | |
| Documents relating to: | | | | | |
| Included are: | | 4631 (Data Sheet) instead of form 4606 (form was re-numbered); also used as cover sheet for 4598 (Medical Evidence of Record); 4598 (Consultative Exams); and 4600 (Applicant Travel). | | | |
| File is arranged: | | | | | |
| 8. Monthly Reference Rate ? | | How often are records referred to which are: | | | |
| One to six months old ? | | Seven to twelve months old ? | | | |
| twenty-five months and older 0 | | Thirteen to twenty-four months old 0 | | | |
| 9. Annual Rate of Accumulation or Records | | | | | |
| Letter-size drawers | | Legal-size drawers | | | |
| Shelves | | Other (Specify) ? | | | |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column) |
|-----|----|--|
| | X | a. Is this the official copy of the series? If not, where is it? <u>DHR Office of Financial Services, Accounting Section</u> |
| X | | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>SSA Fiscal and Administrative Management Directive, Section 00809.211</u> |
| | X | c. Is this a vital record? |
| | X | d. Does this series have historical or long term research value? |
| X | | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
| | | f. Is the information contained in this series ever published? If yes, attach copy. |
| | | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. |
| X | | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>DHR Accounting Section, Financial Services</u> |
| | | i. Is this series (or a major portion of it) regularly microfilmed? |
| | | j. Does the record series result in a computer printout? |

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>*</u> _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

1 year - Form 4598, Consultative Exams
Form 4600, Applicant Travel
Form 4598, Medical Evidence of Record

18 months - Form 4631
(Data Sheet)

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,
Federal

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Disability Adjudication Section

Forms 4598, and 4600

Cut off file September 30 of each year; hold in current files area 1 year; then destroy.

Form 4631

When case is closed, place form in in the inactive file; hold 18 months; then destroy.

Forms 4598 and 4600

Financial Services (record copy)

Cut off file June 30 of each year; hold in current files area 1 year; transfer to State Records Center; hold 4 years (or until audit is completed); then destroy. (Schedule 78-163-A)

These instructions apply to all prior and future accumulation of records for this series title.

| Signature | | Date | Signature | | Date |
|--|--|-----------------------------|-----------------------------------|----------------|----------------|
| DHR Section/Unit - Chief/Supervisor/Designee | | | DHR Records Management | | |
| <u>Brenda J. Watkins</u> | | <u>2-14-84</u> | | | |
| <u>James T. Beel</u> | | <u>2-14-84</u> | PAUL T. MURPHY, RMT | | |
| DHR Office/Division - Director/Designee | | | DHR Records Management Supervisor | | |
| <u>James T. Beel</u> | | <u>2-14-84</u> | <u>Elizabeth W. Crank</u> | | <u>2/10/84</u> |
| | | | ELIZABETH W. CRANK, CRM - RMA | | |
| STATE RECORDS COMMITTEE | | | | | |
| Retention recommendations in paragraph 12 are approved - If not approved, please attach a letter of explanation. | | Signature | | Date | |
| | | State Auditor/Designee | | <u>4/3/84</u> | |
| | | Secretary of State/Designee | | <u>3/30/84</u> | |
| | | Attorney General/Designee | | <u>4-5-84</u> | |

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| | | | | | |
|---|--|--|--|--|--|
| DHR | | 1. GEORGIA DEPARTMENT OF HUMAN RESOURCES | | ARCHIVES AND HISTORY | |
| Application Date August 17, 1982 | | * Division of Rehabilitation Services Disability Adjudication Section 200 Swanton Way - Suite 300 Decatur, Georgia 30089 | | Application Number 82-379 | |
| Application Number DHR 82-33 | | | | Date Received AUG 18 1982 Date Completed SEP 16 1982 | |
| 2. Person to Contact Joy Watkins | | Working Title Fiscal Analyst | | Telephone Number 377-2411 | |
| 3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void | | | | | |
| 4. Dates of Series Earliest Latest 1980 Continuing | | 5. Records Series Title (followed by title used in office, if different) Rehabilitation Services Disability Adjudication Client Case Files | | | |
| 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Rehabilitation Services is responsible for supervising and directing the programs in the State which are designed for training the non-productive members of society to become productive members of society, with emphasis on serving the severely disabled on a priority basis.</p> <p>The Disability Adjudication Section has the responsibility to carry out the Federal/State agreement under which the State makes determinations and supplemental security income determinations on all Georgia applicants who apply for Social Security Disability or Supplemental Security Income under Title II (Federal old age, survivors, and disability insurance benefits) and Title XVI (Grants to States for aid to the aged, blind, or disabled, for such aid and medical assistance for the aged) of the Social Security Act.</p> | | | | | |
| 7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <p>Documents relating to: authorizing eligibility for residents of Georgia who apply for assistance under Titles II and XVI of the Social Security Act.</p> <p>Included are: forms -- 4598 (Disability Adjudication - Authorization and Billing Invoice), 4600 (Disability Adjudication - Request for Payment or Reimbursement), and 4606 (Disability Adjudicator's Development Sheet). Each form contains information about the client -- name, address, case no., Social Security No., name of provider of services for the particular client; description of services authorized and performed, amount authorized, and signatures, as appropriate, and date; date of service; travel and related expense, specific information concerning payment; and comments.</p> <p>File is arranged: Alphabetically by client name.</p> | | | | | |
| 8. Monthly Reference Rate How often are records referred to which are: One to six months old 5-10 daily Seven to twelve months old 3-4 daily Thirteen to twenty-four months old 10/month twenty-five months and older 5 month ? | | | | | |
| 9. Annual Rate of Accumulation or Records 35,000 to 45,000 Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) per year | | | | | |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column) |
|-----|----|---|
| | X | a. Is this the official copy of the series? If not, where is it? DHR Office of Financial Services - Accounting Section |
| X | | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. contain client names - DHR confidential policy XI.A.2(a) |
| | X | c. Is this a vital record? |
| | X | d. Does this series have historical or long term research value? |
| | X | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
| | X | f. Is the information contained in this series ever published? If yes, attach copy. |
| | X | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. |
| X | | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? see item 12 |
| | X | i. Is this series (or a major portion of it) regularly microfilmed? |
| | X | j. Does the record series result in a computer printout? |

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|---------------------|
| a. State Law | _____ years. | d. Audit period | <u>3 - 5</u> years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

Federal FY

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Forms 4598 and 4600

Accounting Section (record copy)

Cut off file June 30 of each year;
hold in current files area 1 year;
transfer to State Records Center;
hold 4 years (or until audit is
completed); then destroy.

(Schedule 78-163-A)

These instructions apply to all prior and future accumulations of the series.

Disability Adjudication Section

Cut off file September 30 of each
year; hold in current files area
3 years; then destroy.

Form 4606

When case is closed, place form in
the inactive file; hold 2 years;
then destroy.

| Agency Head/Designee (Signature) | Date | Records Management Officer (Signature) | Date |
|--|-----------------------------|--|---------|
| <i>William Jenkins</i> | 7-30-82 | <i>Elizabeth Crank</i> | 8/10/82 |
| | | Elizabeth W. Crank, CRM-RMO State Records Committee (Signature) | Date |
| Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.) | State Auditor/Designee | <i>W. A. Smith</i> | 27-82 |
| | Secretary of State/Designee | <i>Edward Weld</i> | 8/31/82 |
| | Attorney General/Designee | <i>Shogren</i> | 8-3-82 |